

Michigan NETS Membership Questionnaire

Please print or type all information requested & mail or fax your reply:

Michigan NETS offers free membership to businesses and organizations in the State of Michigan. If you wish to be a part of this coalition please complete the following information. Also, if you are an existing member and wish to update your contact information, please also complete this short questionnaire. Thank You!

1. Name of individual who will be the primary NETS contact:

Name: _____
Title: _____
Company/Agency Name: _____
Mailing Address: _____
Address line 2 _____
City, State Zip _____
Telephone # () _____ Fax# () _____
E-mail Address: _____

Name of your CEO: _____
Street Address (if different from above: _____
City: _____ State: _____ Zip Code: _____

2. Approximate number of employees in your organization/agency who work in Michigan: _____ (include total number in workforce if multiple locations)
3. Total number of employees in your organization/agency who work at all locations throughout the U.S. (include employees in Michigan) _____
5. Does your organization/agency have a fleet of cars or trucks? Circle one: Yes No
If yes, number of vehicles in the fleet? _____ (Michigan only)
6. Any additional comments (positive or negative) you would like to bring to our attention?

Please fax to: Dan Vartanian @ (517) 333-5756 or mail to: Office of Highway Safety Planning, Michigan NETS, P.O. Box 30633, Lansing, MI. 48909-8133